

FILED MAY 25 1944

Registration District No. 1149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1124 Paseo 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 1/2 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ETHELNA McDONALD

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years aug 19 1939  
(Month) (Day) (Year)

7. Birth date of deceased aug 19 1939  
(Month) (Day) (Year)

8. AGE: Years 4 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation No

11. Industry or business

12. Name George McDonald  
13. Birthplace 7 Station Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Winnifred Douglas  
15. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George McDonald  
(b) Address 1124 Paseo K.C. Mo.  
17. (a) Burial (b) Date thereof 5-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director E. Sterling Bell  
(b) Address 1212 W. 11th St. K.C. Mo.  
19. (a) 5-19-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1124 Paseo (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 P.  
year 1944 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature P. Richardson (M. D. or other) \_\_\_\_\_  
Address 1832 Vinland Date signed 5-15-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*E. Stecher*  
Licensed Embalmer No. *743178*

P. O. Address

*1212 Vine*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**